

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/619008

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/	/	/	/		
2		/	/	/		
3		/	/	/		
4		/	/	/		
5		/	/	/		
6		/	/	/		
7		/	/	/		
8		/	/	/		
9		/	/	/		
10		/	/	/		
11		/	/	/		
12	/	/	/	/		
13	/	/	/	/		
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46		/	/	/		
47		/	/	/		
48		/	/	/		
49		/	/	/		
50		/	/	/		
TOTAL IND.	5		6			
TOTAL DEP.	13		10			
TOTAL CLAIMS	18		16			

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						